

THIS APPLICATION IS TO BE TYPED OR PRINTED LEGIBLY IN INK.

APPLICATION FOR  
REGIONAL PRACTICAL EXAMINATION  
FOR FFI/HMA AND FFII/HMO

NAME OF FIRE DEPARTMENT \_\_\_\_\_

TENNESSEE COMMISSION ON FIRE FIGHTING  
PERSONNEL STANDARDS AND EDUCATION  
APPLICATION FOR EXAMINATION

**FOR COMMISSION USE ONLY**

Rec'd \_\_\_\_\_  
App'd \_\_\_\_\_  
Pass \_\_\_\_\_ Fail \_\_\_\_\_  
Date \_\_\_\_\_ Field Rep. \_\_\_\_\_

LEVEL OF EXAMINATION \_\_\_\_\_ LIVE BURN \_\_\_\_\_ HANDS ON \_\_\_\_\_ RETEST? \_\_\_\_\_ YES or NO

*Each applicant must bring his/her own turn-out gear along with a mask which has been fit-tested to them. Additionally, the applicants' home department must furnish at least 1 SCBA for use by its applicants.*

DATE OF EXAM \_\_\_\_\_ LOCATION \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MI LAST

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

TN DR LIC \_\_\_\_\_ D.O.B. \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Entered Fire Serv. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Joined \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE # \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
(BE SPECIFIC) MO / DAY / YR Pres Dept. MO / DAY / YR

**DISCLAIMER:**

Pursuant to the Fire Fighting Commission's regional practical exam requirement, the undersigned hereby assumes any and all liability and responsibility for its personnel and their actions while involved in this training activity.

By signing this document the firefighting trainees home Fire Department holds harmless from liability the training facility and parties involved in administering the required training.

\_\_\_\_\_  
Fire Chief must sign

*The Tennessee Commission on Fire Fighting Personnel Standards and Education requires the applicant to bring a government issued ID in order to be admitted to any examination.*

**NOTICE:** The Tennessee Commission on Fire Fighting Personnel Standards and Education will NOT recognize anyone in the certification program prior to their eighteenth (18th) birthday.

I certify that the statements made in this application are a true and accurate description of my fire service training and experience, qualifying me for this level of certification.

Applicant's Signature (DO NOT TYPE)

It is my complete understanding that any false information being provided in this application may result in the revocation of departmental accreditation in the State Certification Program.

Training Officer's Signature (DO NOT TYPE)

This recommendation is made by majority vote of the Training Committee members. The roll call votes was recorded as follows:  
(NOTE: SIGNATURES OF COMMITTEE MEMBERS MUST BE IN OWN HANDWRITING)

ABSTAIN

MEMBER (DO NOT TYPE)